

**California Department of Education**  
**Office of School Transportation**  
3500 Reed Avenue, West Sacramento, CA 95605 916 375-7100

**Mountain Driving Instructor Training  
Program Application**

Name \_\_\_\_\_ Instructor ID# \_\_\_\_\_  
(First) (MI) (Last)

Home Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Driver License # \_\_\_\_\_ DL Restriction \_\_\_\_\_

Special Certificate Restrictions \_\_\_\_\_

Instructor Certificate Restrictions \_\_\_\_\_

Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

**Please check the appropriate space(s) if your fleet operates the following equipment:**

Type I Buses: Transit \_\_\_\_\_ Conventional \_\_\_\_\_

Transmission: Automatic \_\_\_\_\_ 5sp \_\_\_\_\_ 10sp \_\_\_\_\_ Other (explain) \_\_\_\_\_

Retarder: Transmission \_\_\_\_\_ Drive Line \_\_\_\_\_ Engine \_\_\_\_\_ Other (explain) \_\_\_\_\_

Brake System: DAS \_\_\_\_\_ SBM \_\_\_\_\_ Other \_\_\_\_\_

**Class Attendance**

Participants will be chosen on a first come, first served, space available basis.  
Please include month and class number for your choice below.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_